

CHRISTIAN HOME REHAB CENTER
331 BLY ST

WAUPUN 53963 Phone:(920) 324-9051
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 75
Total Licensed Bed Capacity (12/31/04): 75
Number of Residents on 12/31/04: 74

Ownership: Nonprofit Church/Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 74

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.4
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		47.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		20.3
Day Services	No	Mental Illness (Org./Psy)	29.7	65 - 74	6.8			-----
Respite Care	No	Mental Illness (Other)	1.4	75 - 84	36.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.6	*****		
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	1.4	95 & Over	8.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.7		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	16.2	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	12.2		-----	RNs		5.3
Referral Service	No	Diabetes	8.1	Gender	%	LPNs		9.2
Other Services	No	Respiratory	0.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.0	Male	21.6	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	78.4			37.8
Provide Day Programming for			100.0		-----	-----		
Developmentally Disabled	No				100.0	-----		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	4	8.2	138	0	0.0	0	3	15.8	160	0	0.0	0	0	0.0	0	7	9.5
Skilled Care	3	100.0	332	45	91.8	120	3	100.0	120	16	84.2	153	0	0.0	0	0	0.0	0	67	90.5
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		49	100.0		3	100.0		19	100.0		0	0.0		0	0.0		74	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	9.7	Bathing	18.9	47.3	33.8	74
Private Home/With Home Health	0.0	Dressing	16.2	41.9	41.9	74
Other Nursing Homes	5.6	Transferring	28.4	51.4	20.3	74
Acute Care Hospitals	70.8	Toilet Use	23.0	37.8	39.2	74
Psych. Hosp.-MR/DD Facilities	0.0	Eating	60.8	27.0	12.2	74
Rehabilitation Hospitals	1.4	*****				
Other Locations	12.5					
Total Number of Admissions	72	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	8.1		Receiving Respiratory Care	6.8
Private Home/No Home Health	18.1	Occ/Freq. Incontinent of Bladder	35.1		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	11.1	Occ/Freq. Incontinent of Bowel	20.3		Receiving Suctioning	0.0
Other Nursing Homes	6.9				Receiving Ostomy Care	0.0
Acute Care Hospitals	5.6	Mobility			Receiving Tube Feeding	1.4
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	6.8		Receiving Mechanically Altered Diets	32.4
Rehabilitation Hospitals	0.0				Other Resident Characteristics	
Other Locations	19.4	Skin Care			Have Advance Directives	90.5
Deaths	38.9	With Pressure Sores	4.1		Medications	
Total Number of Discharges		With Rashes	12.2		Receiving Psychoactive Drugs	44.6
(Including Deaths)	72					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer %	Group Ratio	Bed Size: 50-99 Peer %	Ratio	Licensure: Skilled Peer %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.7	94.4	1.05	88.5	1.11	87.7	1.12	88.8	1.11
Current Residents from In-County	59.5	77.1	0.77	72.5	0.82	70.1	0.85	77.4	0.77
Admissions from In-County, Still Residing	20.8	24.2	0.86	19.6	1.06	21.3	0.98	19.4	1.07
Admissions/Average Daily Census	97.3	115.9	0.84	144.1	0.68	116.7	0.83	146.5	0.66
Discharges/Average Daily Census	97.3	115.5	0.84	142.5	0.68	117.9	0.83	148.0	0.66
Discharges To Private Residence/Average Daily Census	28.4	46.1	0.62	59.0	0.48	49.0	0.58	66.9	0.42
Residents Receiving Skilled Care	100	97.0	1.03	95.0	1.05	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	100	97.0	1.03	94.5	1.06	92.7	1.08	87.9	1.14
Title 19 (Medicaid) Funded Residents	66.2	64.4	1.03	66.3	1.00	68.9	0.96	66.1	1.00
Private Pay Funded Residents	25.7	24.7	1.04	20.8	1.24	19.5	1.32	20.6	1.25
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	31.1	35.9	0.87	32.3	0.96	36.0	0.86	33.6	0.92
General Medical Service Residents	27.0	24.7	1.09	25.9	1.04	25.3	1.07	21.1	1.28
Impaired ADL (Mean)	50.3	50.8	0.99	49.7	1.01	48.1	1.05	49.4	1.02
Psychological Problems	44.6	59.4	0.75	60.4	0.74	61.7	0.72	57.7	0.77
Nursing Care Required (Mean)	7.1	6.8	1.05	6.5	1.10	7.2	0.98	7.4	0.95